PTO/SE/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE der the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

OR

□ Declaration Submitted With Initial Filing

 □ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Att rn y D cket Number First Named Inv nt r		EP01-002C				
		Connors				
COMPLETE IF KNOWN						
Application Number	10/033,190					
Filing Date	October 29, 2001					
Group Art Unit						
Examiner Name						

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
IDENTIFICATION AND CHARACTERIZATION OF AN ANTHOCYANIN MUTANT (ANT1) IN TOMATO								
the specification of which (Title of the Invention)								
is attached hereto					i			
OR								
was filed on (MM/DD/YYYY) 10/29/2001 as United States Application Number or PCT International								
Application Number	10/033,190 and	was amended on (MM/DD/Y)	YYY)	(if	f applicable).			
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application	0	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy	Attached?			
Number(s)	Country	(MM/DD/1111) Country	Not Claimed	YES	NO			
Additional foreign applicat	ion numbers are listed on a su	polemental priority data sheel	PTO/SB/02B attac	ched hereto:				

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/02A (11-00)

they

Please type a plus ogn (+) inside this box —

Please type a plus on (+) inside this box —

| + | Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION

ADDITIONAL INVENTOR(S)
Supplem ntal Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:	☐ A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])			Family Name or Surname				
XIng-Liang			Liu				
Inventor's Signature Market Lunch	u				Date 1-17-0}		
Residence: City Lake Oswego	OR State	Cou	US ntry		CN Citizenship		
Mailing Address 15000 Davis Lane B-14							
Mailing Address							
City Lake Oswego	OR State	ZIP	97 85 97035	US			
Name of Additional Joint Inventor, if any:					nis unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature					Date		
Residence: City	State	Cou	ntry		Citizenship		
Mailing Address							
Mailing Address							
City	tate Zip Co		Cou	ountry			
Name of Additional Joint Inventor, if any:	☐ A petition has been filed for t			nis unsigned inventor			
Given Name (first and middle [if any])			Family Name or Surname				
	·		 				
Inventor's Signature			Da		Date		
Residence: City	State Country			Citizenship			
Mailing Address							
Mailing Address							
City	State		Zip	Co	untry		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

MAR 2 5 2002

PTO/SB/01 (10-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
tk Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Pat nt Application

Direct all correspondence to:	Customer Numb or Bar Code Lab		23500 O		OR	Correspondance address below	
Name							
Address							
City		State			z	ZIP	
Country			Teleph	one		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor							
Given Name Ka (first and middle [if any])		Family Name Connors or Surname					
Inventor's Karin a. Ce	TVW94				Date	1-17-02	
Aloha	_	OR		us		US	
Residence: City		State	te Count		try	Citizenship	
16516 S.W. Jesse Court							
Mailing Address							
Aloha		OR		97007		US	
City		State		Zip		Country	Ĭ
NAME OF SECOND INVENT	ron: Ap	etition has b	een file	d for th	is unsign		
Given Name Hel (first and middle [if any])	elena V.		Fami	ily Nam	e Mathe		
Inventor's Hilene /	Makeus !				Date	1/17/02	
Portland		OR		us		IN	
Residence: City	Residence: City			Country		Citizenship	
14546 N.W. Joseph Court	-	<u> </u>			.		
Mailing Address					- ·		
Porland		OR		97229		us	
City		State		Zip	. <u>—</u> —	Country	
Additional inventors are being	g named on the 1 sur	pplemental Addi	tional Inv	entor(s) s	sheet(s) PT(O/SB/02A attached hereto.	